

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16242

State File No.

Registrar's No.

4781

Primary Registration District No.

1008

FILED JUN 4 1943

1. PLACE OF DEATH:

(a) County.....
(b) City or town..... St Louis MO.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1322 Wright St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community..... 65 Years 4 Mons 24 Days (Specify whether years, months or days)

3. (a) PRINT FULL NAME Louis J. Israel

3. (b) If veteran, name war..... No. 3. (c) Social Security No. 494-07-9920

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased..... 12 28 1877
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 4 24 hr. min.

9. Birthplace..... St Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Range Makers Helper

11. Industry or business

12. Name Bernard Israel
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Catherine Kottenstette
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Mary Israel
(b) Address 1322 Wright St.

17. (a) Burial (b) Date thereof 5 25 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Goodhart & Goodhart
(b) Address 2228 St Louis Ave

19. (a) MAY 2 - 1943 (b) J. J. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Mo (b) County..... 9 96
(c) City or town..... St Louis Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 1322 Wright St
(If rural, give location)
(e) Citizen of foreign country?..... No. (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... 5 day..... 22
year..... 43 hour..... 8 minute..... 25 p.m.

21. I hereby certify that I attended the deceased from..... man
..... 19 41, to..... May 22, 19 43
that I last saw him..... alive on..... May 22, 19 43
and that death occurred on the date and hour stated above.

Immediate cause of death..... Gangrene both feet Duration 1 mo

Due to..... Chronic & acute 2 yrs

Due to..... Chronic myocarditis 2 yrs

Other conditions..... none
(Include pregnancy within 3 months of death)

Major findings: Of operations..... no prob
Of autopsy..... no autp

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify).....
(b) Date of occurrence.....
(c) Where did injury occur?..... (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?..... (Specify type of place) (e) Means of injury.....

23. Signature..... William T. Hirsch (M. D. or other) MD
Address..... 3500 N. Grand Date signed..... 5/24/43

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Marie A. Cashion

Licensed Embalmer No. 3949

P. O. Address St. Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.